Pace Analytical

CHAIN-OF-CUSTODY / Analytical Rec The Chain-of-Custody is a LEGAL DOCUMENT. All relevan

PM: MMW

Due Date: 05/10/17

M0#:1286372

Required Client Information:

Company: USS Corporation

Address: P.O. Box 417 Mt. Iron, MN 55768 Required Project Information:
Report To: Tom Moe Purchase Order #:
Project Name: Copy To: Section C
Invoice Information:
Attention: Company Name: Address: CLIENT: USS CORP Regulatory Agency

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				ADDITIONAL COMMENTS										WS-003 Thickner Overflow	WS-002 Scrubber Make-Up	que	SAMPLE ID	S.		Requested Due Date:	Fax:
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(Y/N) Custody Sealed Cooler			2	OITIG										B	\$						
(Y/N) Custody Sealed Cooler (Y/N)			2	SAMPLE CONDITIONS										na	3						
(Y/N) Custody Sealed Cooler			5	VDITIONS										na	2						



Document Name:

Sample Condition Upon Receipt Form

Document No.: F-VM-C-001-Rev.10 Document Revised: 15Mar2016

Page 1 of 1

Issuing Authority:

Pace Virginia, Minnesota Quality Office

Sample Condition Client Name: Upon Receipt			Project #	* W0# : 1286372
USS Corp				PM: MMW Due Date: 05/10/17
Courier: Fed Ex UPS	USPS		Tient	CLIENT: USS CORP
☐ Commercial ☐ Pace	Other:			
Tracking Number:				
Custody Seal on Cooler/Box Present?	ДO	Seals In	ntact?	Yes No Optional: Proj. Due Date: Proj. Name:
Packing Material: Bubble Wrap Bubble Bag	s N	one [Other:_	Temp Blank? Yes No
Thermometer Used: 140792808	Type of	Ice:	Wet [Blue None Samples on ice, cooling process has begu
Cooler Temp Read °C: 4 (Cooler Temp Co	or: +o	c: L	Date and	Biological Tissue Frozen? Yes No Initials of Person Examining Contents:
Chain of Custody Present?	Yes	□No	□N/A	1.
Chain of Custody Filled Out?	Yes	No	□N/A	2.
Chain of Custody Relinquished?	Yes	□No	□N/A	3.
Sampler Name and Signature on COC?	Yes	□No	□N/A	4.
Samples Arrived within Hold Time?	Yes	□No	□N/A	5. If Fecal: <8 hours >8, <24 hours >24 hours
Short Hold Time Analysis (<72 hr)?	Yes	No	□N/A	6.
Rush Turn Around Time Requested?	Yes	No	□N/A	7.
Sufficient Volume?	Yes	No	□N/A	8.
Correct Containers Used?	Yes	□No	□N/A	9.
-Pace Containers Used?	Yes	□No	□N/A	
Containers Intact?	Yes	No	□N/A	10.
Filtered Volume Received for Dissolved Tests?	Yes	□No	□N/A	11. Note if sediment is visible in the dissolved containers.
Sample Labels Match COC?	Yes	□No	□N/A	12.
-Includes Date/Time/ID/Analysis Matrix:	\$			Consulting for each to the little to the second
All containers needing acid/base preservation will be checked and documented in the pH logbook.	Yes	□No	ØN/A	See pH log for results and additional preservation documentation
Headspace in Methyl Mercury Container	Yes	□No	D/N/A	13.
Headspace in VOA Vials (>6mm)?	Yes	No	DN/A	14.
Trip Blank Present?	Yes	□No	ZN/A	15.
Trip Blank Custody Seals Present?	Yes	□No	☑N/A	
Pace Trip Blank Lot # (if purchased):				
CLIENT NOTIFICATION/RESOLUTION				Field Data Required? Yes No
Person Contacted:			[Date/Time:
Comments/Resolution:				

FECAL WAIVER ON FILE

TEMPERATURE WAIVER ON FILE

Project Manager Review: 🗡

Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e. out of hold, incorrect preservative, out of temp, incorrect containers)